SOCIAL SECURITY ADMINISTRATION

Great Lakes Program Service Center
600 West Madison Street
Chicago Illinois 60661-2474

November 23, 2010

U.S. BANKRUPTCY COURT
401 SOUTH MICHIGAN ST
SOUTH BEND, IN 46601

No action was taken on the enclosed correspondence because you did not indicate the complete Social Security number under which ***the claim was filed***. If the individual involved is a Social Security beneficiary, please provide his/her Social Security number below. If the individual is serving as a Representative Payee for a Social Security beneficiary, please ***also*** show the name and Social Security number of the beneficiary below. Please return this form together with the correspondence requiring action.

If your request pertains to an employee of the Social Security Administration, the material should be forwarded to the Human Resources Office at his/her place of employment.

Thank you for your assistance in this matter.

Social Security Beneficiary's Name______________________________

Beneficiary's Social Security Number______________________________

Representative Payee's Name______________________________

Representative Payee's Social Security Number________________________